PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

ror	Other Than An Autho	rized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
We Vote - Nosotros Vota	mos - PPAMM Comi	mittee		
ADDRESS (number and street)	555 Capitol Mall, Suite 1425			
Check if different	Sacramento		CA	95814
2. FEC IDENTIFICATION NUMBER	BER ▼ CITY A	A	STATE ▲	ZIP CODE ▲
C C00527226	3. IS T	PORT NEW (N) OR		IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On: Feb 20			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	Apr 20			20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General	
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (
October 15 Quarterly Report (Q3) January 31	51.11	M M / D D /	Y Y Y Y	in the
Year-End Report (YE) July 31 Mid-Year	(d) 30-Day	on		State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	x General (30G)	Runoff (3	Special (30S)
Termination Report (TER)	Election of	on 11 08	2016	in the State of CA
5. Covering Period 10	20 2016	through 11	28	2016
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of my Parise, Joanne, , ,	y knowledge and belief it is	true, correct and	d complete.
Signature of Treasurer	oanne, , ,	[Electronically Filed]	Date 12	07 / 2016
NOTE: Submission of false, erroneous	s, or incomplete information n	nay subject the person signing	this Report to the	ne penalties of 52 U.S.C. § 3010
Office Use				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	 Page 2
Write or Type Committee Name		<u> </u>
We Vote - Nosotros Votamos - PF	PAMM Committee	
	M / D D / Y Y Y Y	M = M / D = D / Y = Y = Y
Report Covering the Period: From:	10 20 2016 To:	11 28 2016
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		59938.23
(b) Cash on Hand at Beginning of Reporting Period	126898.47	
(c) Total Receipts (from Line 19)	32617.32	133100.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	159515.79	193038.44
7. Total Disbursements (from Line 31)	34842.04	68364.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	124673.75	124673.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

20 2016 10 11 28 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 32268.18 128314.60 (i) Itemized (use Schedule A)..... 100.00 3601.00 (ii) Unitemized (iii) TOTAL (add 131915.60 32368.18 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 935.47 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 132851.07 32368.18 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 249.14 (Dividends, Interest, etc.)..... 249.14 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 133100.21 32617.32 20. Total Federal Receipts 32617.32 133100.21 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal				
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
V				
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	2823.86	14864.62		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2823.86	14864.62		
2. Transfers to Affiliated/Other Party				
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	22242.42			
(use Schedule E)	32018.18	53500.07		
(use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds		7 7 7		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	4 4 4	7 7 7		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34842.04	68364.69		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	34842.04	00004.00		
,	J404Z.U4	68364.69		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 32368.18 132851.07 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 32368.18 132851.07 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 2823.86 14864.62 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 14864.62 2823.86 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) **X** 11a 11b 11c

6 OF 17

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Batey, Karen, , , Date of Receipt Mailing Address 473 Suisse Drive 31 2016 City Zip Code State Transaction ID: INCA438 CA San Jose 95123 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Karen Batey Consulting Tax Preparer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Action Fund of the Pacific Southwest Date of Receipt Mailing Address 1075 Camino del Rio South 10 2016 City State Zip Code Transaction ID: INCA442 CA San Diego 92108 Amount of Each Receipt this Period FEC ID number of contributing 171.31 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) In-kind contribution; Staff Time Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 2465.34 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Planned Parenthood Advocacy Project Los Angeles County Date of Receipt Mailing Address 400 West 30th Street 10 20 2016 City State Zip Code Transaction ID: INCA445 CA Los Angeles 90007 Amount of Each Receipt this Period FEC ID number of contributing C 2276.98 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) In-kind contribution - Staff Time; 10/20 - 11/8 Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **X** General 6697.73 Other (specify) 2698.29 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: INCA442

In-Kind contribution; Staff Time

Form/Schedule: SA11AI Transaction ID: INCA445

In-kind contribution - Staff Time; 10/20 - 11/8

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

EOD LINE NUMBER: DAGE & OF Use separate schedule(s for each category of the **Detailed Summary Page**

	I OIT LIIV	IL NONDLI	i. I AGL	- 0 01	• • • • • • • • • • • • • • • • • • • •		
s)	(check only one)						
,	X 11a	11b	11c	12			
,	13	14	15	16	17		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos - PPAMM Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Planned Parenthood Advocates Mar Monte Date of Receipt Mailing Address 1691 The Alameda 2016 10 20 City State Zip Code Transaction ID: INCA450 CA San Jose 95126 Amount of Each Receipt this Period FEC ID number of contributing C 7096.77 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 49852.02 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Planned Parenthood Advocates Mar Monte Date of Receipt Mailing Address 1691 The Alameda 10 2016 City State Zip Code Transaction ID: INCA449 CA San Jose 95126 Amount of Each Receipt this Period FEC ID number of contributing 22473.12 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 49852.02 C.

Full Name of Individual (Last, First, Middle In	Date of Receipt		
Mailing Address	M = M / D = D / Y = Y = Y		
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼	
		·	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

29569.89

32268.18

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: INCA450

In-Kind contribution; Staff Time, Travel & Phonebanking; 10/20 -11/8

Form/Schedule: SA11AI Transaction ID: INCA449

In-Kind contribution; Staff Time, Travel & Phonebanking; 10/20 -11/8

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 17 (check only one)			
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17			
ny information copied from such Reports and Statements me for commercial purposes, other than using the name and		y not be sold or used by any p ldress of any political committed	e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) We Vote - Nosotros Votamos	s - PPAMM C	Committee				
Full Name of Individual (Last, First, Middle Planned Parenthood Northern Califo			Date of Receipt			
Mailing Address P.O. Box 1116			11 21 2016			
City Concord	State CA	Zip Code 94522	Transaction ID : INCA448			
FEC ID number of contributing federal political committee.	C	34022	Amount of Each Receipt this Period 249.14			
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item Reimbursement for Food & Beverages for Volunt			
Receipt For:	Aggregate \	/ear-to-Date ▼				
Primary General Other (specify) ▼		2699.65]			
Full Name of Individual (Last, First, Middle	e Initial) or Full Org	ganization Name	Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		Amount of Lacif Necept this Period			
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item			
Receipt For: Primary General	Aggregate \	/ear-to-Date ▼	1			
Other (specify) ▼			J			
Full Name of Individual (Last, First, Middle	e Initial) or Full Org	ganization Name	Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼]			
SUBTOTAL of Receipts This Page (optional	l)		249.14			
TOTAL This Period (last name this line num			249.14			

TOTAL This Period (last page this line number only).....

17

SCHEDUI	LE B (FEC Form 3X)	lla: ::	awata aala salada ()	FOR LINE NUMBER: PAGE 11 C			1 OF 17
ITEMIZED	DISBURSEMENTS		arate schedule(s) category of the	(check only			17
			Summary Page	X 21b 28a	22 28b		27 30b
Any information	on conicd from such Denoste and Otata	monto mo:	not be sold or				
or for comme	on copied from such Reports and State rcial purposes, other than using the nar	me and add	ress of any political	al committee to	solicit contrib	puse of soliciting conti putions from such com	mittee.
	COMMITTEE (In Full)		<u> </u>				
I \	te - Nosotros Votamos - PP	AMM Co	ommittee				
_	(Last, First, Middle Initial)				D		
A. Olson I	Hagel & Fishburn, LLP					sbursement	
Mailing Add	dress 555 Capitol Mall, Suite 1425				11	15 201	
City		State	Zip Code		FEC Identi	fication Number	
Sacrament		CA	95814			TOGETH THE TOTAL	-
	Purpose of Disbursement Legal & Reporting Services 001				C		
Candidate						action ID : EXPB436	nio Poriod
				Category/ Type	Amount of	Each Disbursement th	iis Period
Office Sou	ght: House Disburse	ment For:		71.		27	18.40
	Senate	Primary	General			, , ,	-
Otal	President	Other (spe	ecify) 🔻		Memo	Item	
State:	District:				_		
	(Last, First, Middle Initial)				Date of Dir	sbursement	
- vvelis f	argo Bank						V
Mailing Add	dress 400 Capitol Mall				10	31 201	
City		State	Zip Code		FEC Identi	fication Number	
Sacrament	Disbursement	CA	95814				_
Bank Fee				001	C		
Candidate	Name			Category/		ction ID : EXPB433 Each Disbursement the	nie Pariod
				Type	Amount of	Lacii Disbuisement ti	IIS FEIIOU
Office Sou	ght: House Disburse	ment For:					26.83
	Senate	Primary	General			,	
State:	President District:	Other (spe	city)		Memo	Item	
	District:						
	(Last, First, Middle Initial) Fargo Bank				Date of Dis	sbursement	
VVCIIS I	argo barik				M M /	D D / Y Y	Y
Mailing Add	dress 400 Capitol Mall				10	31 201	
City		State	Zip Code		FEC Identi	fication Number	
Sacrament		CA	95814			noation Number	-
Purpose of Bank Fee	Disbursement			004	C		
Candidate	Name			001		action ID : EXPB434	
Carididale	ivanic			Category/ Type	Amount of	Each Disbursement th	nis Period
Office Sou	ght: House Disburse	ment For:		. , , , ,			35.39
·	Senate	Primary	General			7	- T
	President	Other (spe	ecify) 🔻		Memo	Item	
State:	District:						
						07	790.62
SUBTOTAL	of Disbursements This Page (optional).			·····•		2/	780.62
TOTAL This	Period (last page this line number only			_			
	. S. Sa (last page tills lille Hulliber Ully	,					

S 17

SCHEDULE B (FEC Form 3X)			FOR I	OR LINE NUMBER: PAGE 12 OF 17		
ITEMIZED DISBURSEMENTS		rate schedule(s)		ne number: FAGE 12 Of 17		
		category of the Summary Page	X 2			
		zammary r age	2	8a 28b 28c 29 30b		
Any information copied from such Reports and States or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
We Vote - Nosotros Votamos - PP	AMM Co	mmittee				
Full Name (Last, First, Middle Initial)						
A. Wells Fargo Bank				Date of Disbursement		
Mailing Address 400 Capitol Mall				10 31 2016		
,	State	Zip Code		FEC Identification Number		
Sacramento Purpose of Disbursement	CA	95814				
Bank Fee			001			
Candidate Name			Category/	Transaction ID : EXPB435 Amount of Each Disbursement this Period		
			Type			
	ment For:	0		38.75		
Senate President	Primary Other (spec	General				
State: District:	Cuioi (opoc	,, ▼	Memo Item			
Full Name (Last, First, Middle Initial)						
В.				Date of Disbursement		
Moiling Address						
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement						
Candidate Name			Category/	Amount of Each Disbursement this Period		
			Type			
Office Sought: House Disburser Senate	ment For: Primary	General				
President	Other (spec			п.,		
State: District:	· ·	•		Memo Item		
Full Name (Last, First, Middle Initial)						
C.				Date of Disbursement		
Mailing Address				M M / D D / Y Y Y Y		
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement				C		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser	ment For:		1,700			
Senate	Primary	General				
President	Other (spec	ify) 🔻		Memo Item		
State: District:						
SUBTOTAL of Disbursements This Page (optional)				38.75		
CODITION DISDUISEMENTS THIS I age (optional)			······			
TOTAL This Period (last page this line number only))			2819.37		

TEMIZED INDEPENDENT EXPENDITORES				PAGE 13 OF 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
We Vote - Nosotros Votamos - PPAMI	M Committe	ee		C C00527226
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fund of the F	Item Date	of Public Distribution/Dissemination		
Mailing Address 1075 Camino del Rio South			Amo	10 22 2016 unt
City	State	Zip Code		65.10
San Diego	CA	92108		saction ID : EDTEALC93 of Disbursement or Obligation
Purpose of Expenditure Staff Time		Category/ Type 24E		M M / D D / Y Y Y Y Y Y Y Y 2016
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	✗ Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	21921.19	Disburseme	ent For: Primary
Full Name of Payee		_ Memo	Item Date	of Public Distribution/Dissemination
Planned Parenthood Action Fund of the	ne Pacific S	outhwest		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1075 Camino del Rio South			Amo	unt
City	State	Zip Code		65.10
San Diego	CA	92108		nsaction ID : EDTEALC94 of Disbursement or Obligation
Purpose of Expenditure Staff Time		Category/ Type 24E		M 10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
Masto, Catherine Cortez, , ,		Oppose	Presid	dent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	1 1	31578.88	Disburseme	ont For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	130.20
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			• •	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Parise, Joanne, , , [1	Electronically Fil	ed]	e 12	07 2016
Signature	-	Date	C 12	2010

TEMIZED INDEPENDENT EXPENDITORES				PAGE 14 OF 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
We Vote - Nosotros Votamos - PPAM	M Committ	ee		C C00527226
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Planned Parenthood Action Fund of the	Pacific South	☐ Memo	Item Da	te of Public Distribution/Dissemination
	- acilic South	wesi		10 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1075 Camino del Rio South			An	nount
City	State	Zip Code		41.11
San Diego	CA	92108		ansaction ID : EDTEALC95 te of Disbursement or Obligation
Purpose of Expenditure Staff Time		Category/ Type 24/		10 / 22 / 2016
Name of Federal Candidate:		Support	Office So	ught: House District:
Heck, Joe, , ,		✗ Oppose		sident State: NV
Calendar Year-To-Date Per Election for Office Sought	7	31578.88	Disburser 2016	nent For:
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Planned Parenthood Advocacy Project	ct Los Ange	les County		10 20 7 2016
Mailing Address 400 West 30th Street			Am	nount
	I a		— г	205.05
City Los Angeles	State	Zip Code 90007		865.25 ansaction ID : EDTEALC96
Purpose of Expenditure Staff Time; 10/20 - 11/8	1	Category/ Type 24E		te of Disbursement or Obligation
Name of Federal Candidate:		✗ Support	Office So	ught: House District:
Clinton, Hillary, , ,		Oppose		sident Senate State:
Calendar Year-To-Date		21921.19	Disburser	nent For: Primary X General
Per Election for Office Sought	7	21321.13	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	906.36
(a) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		·
Parise, Joanne, , ,	Electronically Fil	ed]	M M	/ D D / Y Y Y Y Y Y Y 2016
Signature		Date	e 12	07 2016

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
We Vote - Nosotros Votamos - PPAM	M Committ	ee		C C00527226
				0
Check if 24-hour report 48-hour report	New repo	ort Amends re	eport filed	on M M / D D / Y Y Y Y
Full Name of Payee Planned Parenthood Advocacy Project L	os Angeles (mo Item	Date of Public Distribution/Dissemination
				10 20 Y 2016
Mailing Address 400 West 30th Street				Amount
City	State	Zip Code		865.25
Los Angeles	CA	90007		Transaction ID : EDTEALC97 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time; 10/20 - 11/8		Category/ Type	24E	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	t Office	e Sought: House District:
Masto, Catherine Cortez, , ,		Oppose		President State: NV Senate
Calendar Year-To-Date Per Election for Office Sought	7	31578.88	Disbu 2016	ursement For: Primary
Full Name of Payee		☐ Mer	no Item	Date of Public Distribution/Dissemination
Planned Parenthood Advocacy Project	ct Los Ange	les County		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 400 West 30th Street				10 20 2010
				Amount
City	State	Zip Code		546.48
Los Angeles	CA	90007		Transaction ID : EDTEALC98 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time; 10/20 - 11/8		Category/ Type 2	24A	10 20 / 2016
Name of Federal Candidate:		Support	t Office	e Sought: House District:
Heck, Joe, , ,		x Oppose		President State: NV Senate
Calendar Year-To-Date		31578.88		rsement For: Primary X General
Per Election for Office Sought	T T	0.0.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1411.73
(,, , , , , , , , , , , , , , , , , , ,				
(a) SUBTOTAL of Unitemized Independent Expenditure	es		····· •	
(a) TOTAL Independent Expenditures			····· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Parise, Joanne, , ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y
Signature		_ , D	Date 1	2 07 2016

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
We Vote - Nosotros Votamos - PPAM	M Committe	ee		FEC IDENTIFICATION NUMBER ▼
				C C00527226
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	1 = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Planned Parenthood Advocates Mar Mon	nte		l r	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 The Alameda			Amou	
City	State	Zip Code	$ \Gamma$	11236.56
San Jose	CA	95126		saction ID : EDTEALC99 of Disbursement or Obligation
Purpose of Expenditure Staff Time, Travel & Phonebanking; 10/20 -11/8		Category/ Type 24E	_	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:
Clinton, Hillary, , ,		Oppose	x Presid	
Calendar Year-To-Date		0,000,40	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7 7	21921.19	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Planned Parenthood Advocates Mar	Monte		_ I _ r	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 The Alameda				
			Amou	ınt
City	State	Zip Code		11236.56
San Jose	CA	95126		of Disbursement or Obligation
Purpose of Expenditure Staff Time, Travel & Phonebanking; 10/20 -11/8	1	Category/ 24E		10 20 2016
Stati Time, Traver & Thoriesanking, 10/20 11/0		Type 24E		10 20 2010
Name of Federal Candidate:		x Support	Office Soug	ht: House District:
Masto, Catherine Cortez, , ,		Oppose	Presid	dent Senate State: NV
Calendar Year-To-Date		31578.88	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7 7	01070.00	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• <u> </u>	22473.12
(a) SUBTOTAL of Unitemized Independent Expenditur	es		·	
(a) TOTAL Independent Expenditures				
(-)				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Parise, Joanne, , ,	Electronically Fil	'ed1 _	M = M /	D D / Y Y Y Y Y
Signature		Date	12	07 2016

TEMIZED INDEFENDENT EXPENDITOR	\L3		PAGE 17 OF 17 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
We Vote - Nosotros Votamos - PPAMM Committee			C C00527226
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on Man / Dad / Yayayay
Full Name of Payee			M = M / D = D / Y = Y = Y
Mailing Address 1691 The Alameda			10 20 2016 Amount
City	State	Zip Code	7096.77
San Jose	CA	95126	Transaction ID : EDTEALC101 Date of Disbursement or Obligation
Purpose of Expenditure Staff Time, Travel & Phonebanking; 10/20 -11/	8	Category/ Type 24E	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
Heck, Joe, , ,		X Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7 7	31578.88	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
			M M / D D / Y Y Y Y
Mailing Address			Amount
			Allouit
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		7096.77
(a) SUBTOTAL of Unitemized Independent Expe	nditures		•
(a) TOTAL Independent Expenditures			32018.18
	indidate or authorized	•	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Parise, Joanne, , ,	[Electronically Fil	[ed] Date	e 12 07 2016
Signature		_	